



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

Shenzhen Mindray Bio-Medical Electronics Co., LTD
% Mr. Mark Job
Responsible Third Party Official
Regulatory Technology Services LLC
1394 25th Street NW
BUFFALO MN 55313

April 10, 2015

Re: K150204

Trade/Device Name: DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic
Ultrasound System

Regulation Number: 21 CFR 892.1550

Regulation Name: Ultrasonic pulsed doppler imaging system

Regulatory Class: II

Product Code: IYN, IYO, ITX, LLZ

Dated: March 15, 2015

Received: March 19, 2015

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, “Misbranding by reference to premarket notification” (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH’s Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink that reads "Robert A. Ochs". To the left of the signature, there is a small, faint, rectangular watermark or logo that appears to be the FDA seal or logo.

Robert Ochs, Ph.D.
Acting Director
Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

510(k) Number (*if known*)

K150204

Device Name

DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Form Approved: OMB No. 0910-0120
Expiration Date: January 31, 2017
See PRA Statement below.

Indications for Use (Describe)

The DC-70/DC-70T /DC-70 EXP Diagnostic Ultrasound System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in fetal, abdominal, pediatric, small organ(breast, thyroid, testes), neonatal and adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal(conventional, superficial), adult and pediatric cardiac, peripheral vessel and urology exams.

Type of Use (*Select one or both, as applicable*)

Prescription Use (Part 21 CFR 801 Subpart D) Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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Diagnostic Ultrasound Indications For Use Format

System: DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer: N/A

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation							
	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
General (Track 1)	Specific (Track 1 & 3)							
Ophthalmic	Ophthalmic							
Fetal	N	N	N	N	N	N	N	Note 1,2,3,4,6,7
Abdominal	N	N	N	N	N	N	N	Note 1,2,3,4,6,7
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric	N	N	N	N	N	N	N	Note 1,2,4,6,7
Small Organ (Specify**)	N	N	N	N	N	N	N	Note 1,2,4,7,8
Neonatal Cephalic	N	N	N	N	N	N	N	Note 1,2,4,6,7
Adult Cephalic	N	N	N	N	N	N	N	Note 1,2,4,6,7
& Other								
Trans-vaginal	N	N	N	N	N	N	N	Note 1,2,3,4,6,7
Trans-urethral								
Trans-esoph. (non-Card.)								
Musculo-skeletal (Conventional)	N	N	N	N	N	N	N	Note 1,2,4,6,7
Musculo-skeletal (Superficial)	N	N	N	N	N	N	N	Note 1,2,4,7
Intravascular								
Cardiac Adult	N	N	N	N	N	N	N	Note 1,2,4,5,6,7
Cardiac Pediatric	N	N	N	N	N	N	N	Note 1,2,4,5,6,7
Intravascular (Cardiac)								
Trans-esoph. (Cardiac)								
Intra-cardiac								
Peripheral vessel								
Peripheral vessel	N	N	N	N	N	N	N	Note 1,2,4,6,7
Other (Specify***)	N	N	N	N	N	N	N	Note 1,2,4,6,7

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: i-Scape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)

Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

C5-2E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
		B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
General	Specific (Track 1 & 3)								
Track 1									
Ophthalmic	Ophthalmic								
Fetal		P	P	P	P	P	P		Note 1,2,4,6,7
Abdominal		P	P	P	P	P	P		Note 1,2,4,6,7
Intra-operative (Specify*)									
Intra-operative (Neuro)									
Laparoscopic									
Pediatric		P	P	P	P	P	P		Note 1,2,4,6,7
Small Organ (Specify**)									
Neonatal Cephalic									
Adult Cephalic									
Trans-rectal									
Trans-vaginal									
Trans-urethral									
Trans-esoph. (non-Card.)									
Musculo-skeletal (Conventional)		P	P	P	P	P	P		Note 1,2,4,6,7
Musculo-skeletal (Superficial)									
Intravascular									
Cardiac Adult									
Cardiac Pediatric									
Intravascular (Cardiac)									
Trans-esoph. (Cardiac)									
Intra-cardiac									
Peripheral vessel	Peripheral vessel	P	P	P	P	P	P		Note 1,2,4,6,7
Other (Specify***)									

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: i-Scape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

C11-3E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							Other (specify)
Ophthalmic								
Fetal								
Abdominal		P	P	P	P	P	P	Note 1,2,4,6,7
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric		P	P	P	P	P	P	Note 1,2,4,6,7
Small Organ (Specify**)								
Neonatal Cephalic		P	P	P	P	P	P	Note 1,2,4,6,7
Adult Cephalic								
& Other								
Trans-vaginal								
Trans-urethral								
Trans-esoph. (non-Card.)								
Musculo-skeletal (Conventional)								
Musculo-skeletal (Superficial)								
Intravascular								
Cardiac Adult		P	P	P	P	P	P	Note 1,2,4,6,7
Cardiac Pediatric								
Intravascular (Cardiac)								
Trans-esoph. (Cardiac)								
Intra-cardiac								
Peripheral vessel	Peripheral vessel	P	P	P	P	P	P	Note 1,2,4,6,7
Other (Specify***)								

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System: DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer: C7-3E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
General (Track 1)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
Ophthalmic	Ophthalmic								
Fetal		P	P	P	P	P	P	P	Note 1,2,4,6,7
Abdominal		P	P	P	P	P	P	P	Note 1,2,4,6,7
Intra-operative (Specify*)									
Intra-operative (Neuro)									
Laparoscopic									
Pediatric		P	P	P	P	P	P	P	Note 1,2,4,6,7
Small Organ (Specify**)									
Neonatal Cephalic									
Adult Cephalic									
Trans-rectal									
Trans-vaginal									
Trans-urethral									
Trans-esoph. (non-Card.)									
Musculo-skeletal (Conventional)									
Musculo-skeletal (Superficial)									
Intravascular									
Cardiac Adult									
Cardiac Pediatric									
Intravascular (Cardiac)									
Trans-esoph. (Cardiac)									
Intra-cardiac									
Peripheral vessel	Peripheral vessel								
Other (Specify***)	Other (Specify***)								

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes--B+M, PW+B, Color +B, Power +B, PW +Color+B, Power + PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color-M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

L12-3E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							Other (specify)
Ophthalmic								
Fetal								
Abdominal		P	P	P	P	P	P	Note 1, 2, 4, 7
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric		P	P	P	P	P	P	Note 1, 2, 4, 7
Small Organ (Specify**)		P	P	P	P	P	P	Note 1, 2, 4, 7, 8
Neonatal Cephalic								
Adult Cephalic								
& Other								
Trans-rectal								
Trans-vaginal								
Trans-urethral								
Trans-esoph. (non-Card.)								
Musculo-skeletal (Conventional)		P	P	P	P	P	P	Note 1, 2, 4, 7
Musculo-skeletal (Superficial)		P	P	P	P	P	P	Note 1, 2, 4, 7
Intravascular								
Cardiac Adult								
Cardiac Pediatric								
Intravascular (Cardiac)								
Trans-esoph. (Cardiac)								
Intra-cardiac								
Peripheral vessel	Peripheral vessel	P	P	P	P	P	P	Note 1, 2, 4, 7
Other (Specify***)								

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

L14-6NE

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							Other (specify)
Ophthalmic								
Fetal								
Abdominal		P	P	P	P	P	P	Note 1,2,4,7
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric		P	P	P	P	P	P	Note 1,2,4,7
Small Organ (Specify**)		P	P	P	P	P	P	Note 1,2,4,7,8
Neonatal Cephalic								
Adult Cephalic								
& Other								
Trans-rectal								
Trans-vaginal								
Trans-urethral								
Trans-esoph. (non-Card.)								
Musculo-skeletal (Conventional)		P	P	P	P	P	P	Note 1,2,4,7
Musculo-skeletal (Superficial)		P	P	P	P	P	P	Note 1,2,4,7
Intravascular								
Cardiac Adult								
Cardiac Pediatric								
Cardiac	Intravascular (Cardiac)							
	Trans-esoph. (Cardiac)							
	Intra-cardiac							
Peripheral	Peripheral vessel	P	P	P	P	P	P	Note 1,2,4,7
vessel	Other (Specify***)							

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

L14-6WE

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
		B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
General (Track 1)	Specific (Track 1 & 3)								
Ophthalmic	Ophthalmic								
Fetal									
Abdominal	P	P	P		P	P	P	Note 1,2,4,7	
Intra-operative (Specify*)									
Intra-operative (Neuro)									
Laparoscopic									
Pediatric	P	P	P		P	P	P	Note 1,2,4,7	
Small Organ (Specify**)	P	P	P		P	P	P	Note 1,2,4,7,8	
Neonatal Cephalic									
Adult Cephalic									
& Other									
Trans-vaginal									
Trans-urethral									
Trans-esoph. (non-Card.)									
Musculo-skeletal (Conventional)	P	P	P		P	P	P	Note 1,2,4,7	
Musculo-skeletal (Superficial)	P	P	P		P	P	P	Note 1,2,4,7	
Intravascular									
Cardiac Adult									
Cardiac Pediatric									
Intravascular (Cardiac)									
Trans-esoph. (Cardiac)									
Intra-cardiac									
Peripheral vessel	P	P	P		P	P	P	Note 1,2,4,7	
Other (Specify***)									

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes--B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color-M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System: DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer: V11-3E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							
Ophthalmic		P	P	P	P	P	P	P
Fetal								
Abdominal								
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric								
Small Organ (Specify**)								
Neonatal	Cephalic							
Fetal Imaging								
Adult Cephalic								
& Other								
Trans-vaginal		P	P	P	P	P	P	Note 1,2,4,6,7
Trans-urethral								
Trans-esoph. (non-Card.)								
Musculo-skeletal								
(Conventional)								
Musculo-skeletal								
(Superficial)								
Intravascular								
Cardiac								
Cardiac Adult								
Cardiac Pediatric								
Intravascular (Cardiac)								
Trans-esoph. (Cardiac)								
Intra-cardiac								
Peripheral	Peripheral vessel							
vessel	Other (Specify***)	P	P	P	P	P	P	Note 1,2,4,6,7
N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E								
Additional comments: Combined modes--B+M, PW+B, Color+B, Power+B, PW+Color+B, Power+PW+B								
*Intraoperative includes abdominal, thoracic, and vascular etc.								
**Small organ-breast, thyroid, testes.								
***Other use includes Urology.								
Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.								
Note 2: Smart3D								
Note 3:4D(Real-time 3D)								
Note 4: iScape								
Note5: TDI								
Note6: Color-M								
Note7: Biopsy Guidance								
Note8: Elastography								
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)								
<u>Conurrence of CDRH, Office of Device Evaluation(ODE)</u>								

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

V11-3BE

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							
Ophthalmic		P	P	P	P	P	P	P
								Note 1,2,4,6,7
Fetal								
Abdominal								
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric								
Small Organ (Specify**)								
Neonatal	Cephalic							
Fetal Imaging	Adult Cephalic							
& Other	Trans-vaginal	P	P	P	P	P	P	Note 1,2,4,6,7
	Trans-rectal	P	P	P	P	P	P	Note 1,2,4,6,7
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Musculo-skeletal (Conventional)							
	Musculo-skeletal (Superficial)							
	Intravascular							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Intravascular (Cardiac)							
	Trans-esoph. (Cardiac)							
	Intra-cardiac							
Peripheral	Peripheral vessel	P	P	P	P	P	P	Note 1,2,4,6,7
	Other (Specify***)							

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes--B+M, PW+B, Color+B, Power+B, PW+Color+B, Power+PW+B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color-M

Note7: Biopsy Guidance

Note8: Elastography

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)

Conurrence of CDRH, Office of Device Evaluation(ODE)

System: DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer: V11-3WE

Intended Use: Diagnostic

Clinical Application	Mode of Operation
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General (Track 1)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
Ophthalmic	Ophthalmic								
Fetal		P	P	P	P	P	P		Note 1,2,4,6,7
Abdominal									
Intra-operative (Specify*)									
Intra-operative (Neuro)									
Laparoscopic									
Pediatric									
Small Organ (Specify**)									
Neonatal Cephalic									
Adult Cephalic									
Trans-rectal		P	P	P	P	P	P		Note 1,2,4,6,7
Trans-vaginal		P	P	P	P	P	P		Note 1,2,4,6,7
Trans-urethral									
Trans-esoph. (non-Card.)									
Musculo-skeletal (Conventional)									
Musculo-skeletal (Superficial)									
Intravascular									
Cardiac Adult									
Cardiac Pediatric									
Intravascular (Cardiac)									
Trans-esoph. (Cardiac)									
Intra-cardiac									
Peripheral vessel									
Peripheral vessel	Other (Specify****)	P	P	P	P	P	P		Note 1,2,4,6,7

N=new indication; P=previously cleared by FDA (k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color+B, Power+B, PW+Color+B, Power+PW+B

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 2: Smart3D

Note 3: iScape

Notes: Color: M

Note 7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

P4-2E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
General (Track 1)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (specify)
Ophthalmic	Ophthalmic								
Fetal									
Abdominal	P	P	P	P	P	P	P	P	Note 1, 2,4,6,7
Intra-operative (Specify*)									
Intra-operative (Neuro)									
Laparoscopic									
Pediatric	P	P	P	P	P	P	P	P	Note 1, 2,4,6,7
Small Organ (Specify**)									
Neonatal Cephalic	P	P	P	P	P	P	P	P	Note 1, 2,4,6,7
Adult Cephalic	P	P	P	P	P	P	P	P	Note 1, 2,4,6,7
& Other									
Trans-vaginal									
Trans-urethral									
Trans-esoph. (non-Card.)									
Musculo-skeletal (Conventional)									
Musculo-skeletal (Superficial)									
Intravascular									
Cardiac Adult	P	P	P	P	P	P	P	P	Note 1, 2,4,5,6,7
Cardiac Pediatric	P	P	P	P	P	P	P	P	Note 1, 2,4,5,6,7
Cardiac									
Intravascular (Cardiac)									
Trans-esoph. (Cardiac)									
Intra-cardiac									
Peripheral									
Peripheral vessel									
Other (Specify***)									

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color+B, Power+B, PW+Color+B, Power+PW+B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color-M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System: DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer: P7-3E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							
Ophthalmic								
Fetal								
Abdominal	P	P	P	P	P	P	P	Note 1,2,4,6
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric	P	P	P	P	P	P	P	Note 1,2,4,6
Small Organ (Specify**)								
Neonatal	P	P	P	P	P	P	P	Note 1,2,4,6
Cephalic	P	P	P	P	P	P	P	Note 1,2,4,6
& Other								
Trans-vaginal								
Trans-urethral								
Trans-esoph. (non-Card.)								
Musculo-skeletal (Conventional)								
Musculo-skeletal (Superficial)								
Intravascular								
Cardiac Adult	P	P	P	P	P	P	P	Note 1,2,4,5,6
Cardiac Pediatric	P	P	P	P	P	P	P	Note 1,2,4,5,6
Cardiac								
Intravascular (Cardiac)								
Trans-esoph. (Cardiac)								
Intra-cardiac								
Peripheral								
Peripheral vessel								
Other (Specify***)								

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color+B, Power+B, PW+Color+B, Power+PW+B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color-M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

D6-2E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1								Other (specify)
Ophthalmic	Ophthalmic							
	Fetal	P	P	P	P	P	P	Note 1, 3, 4, 6, 7
	Abdominal	P	P	P	P	P	P	Note 1, 3, 4, 6, 7
	Intra-operative (Specify*)							
	Intra-operative (Neuro)							
	Laparoscopic							
	Pediatric							
	Small Organ (Specify**)							
	Neonatal Cephalic							
	Adult Cephalic							
Fetal Imaging & Other	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Musculo-skeletal (Conventional)							
	Musculo-skeletal (Superficial)							
	Intravascular							
	Cardiac Adult							
	Cardiac Pediatric							
Cardiac	Intravascular (Cardiac)							
	Trans-esoph. (Cardiac)							
	Intra-cardiac							
Peripheral vessel	Peripheral vessel							
	Other (Specify***)							

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

DE10-3E

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)
Track 1	Ophthalmic							
Ophthalmic		P	P	P	P	P	P	P
Fetal								
Abdominal								
Intra-operative (Specify*)								
Intra-operative (Neuro)								
Laparoscopic								
Pediatric								
Small Organ (Specify**)								
Neonatal Cephalic								
Fetal Imaging & Other	Adult Cephalic	P	P	P	P	P	P	P
	Trans-vaginal	P	P	P	P	P	P	P
	Trans-urethral							
	Trans-esoph. (non-Card.)							
	Musculo-skeletal (Conventional)							
	Musculo-skeletal (Superficial)							
	Intravascular							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Intravascular (Cardiac)							
	Trans-esoph. (Cardiac)							
	Intra-cardiac							
Peripheral	Peripheral vessel							
	Other (Specify***)							

N=new indication; P=previously cleared by FDA(k132341); E=added under Appendix E

Additional comments: Combined modes-B+M, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: i-Scape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

System:

DC-70/DC-70T/DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Transducer:

CW5s

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation					
General	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler
Track 1	Ophthalmic					(specify)	Combined (specify)
Ophthalmic							Other (specify)
Fetal							
Abdominal							
Intra-operative (Specify*)							
Intra-operative (Neuro)							
Laparoscopic							
Pediatric							
Small Organ (Specify**)							
Neonatal Cephalic							
Adult Cephalic							
Trans-rectal							
Trans-vaginal							
Trans-urethral							
Trans-esoph. (non-Card.)							
Musculo-skeletal (Conventional)							
Musculo-skeletal (Superficial)							
Intravascular							
Cardiac Adult							
Cardiac Pediatric							
Intravascular (Cardiac)							
Trans-esoph. (Cardiac)							
Intra-cardiac							
Peripheral vessel	Peripheral vessel					N	
vessel	Other (Specify***)						

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes-B+B, PW+B, Color +B, Power +B, PW +Color+B, Power +PW +B

*Intraoperative includes abdominal, thoracic, and vascular etc.

**Small organ-breast, thyroid, testes.

***Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Smart3D

Note 3:4D(Real-time 3D)

Note 4: iScape

Note5: TDI

Note6: Color M

Note7: Biopsy Guidance

Note8: Elastography

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Conurrence of CDRH, Office of Device Evaluation(ODE)

510(K) SUMMARY

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR §807.92(c).

The assigned 510(k) number is: _____.

1. Submitter:

Shenzhen Mindray Bio-medical Electronics Co., LTD

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Date Prepared: December 23, 2014

2. Device Name: DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System

Classification

Regulatory Class: II

Review Category: Tier II

21 CFR 892.1550 Ultrasonic Pulsed Doppler Imaging System (IYN)

21 CFR 892.1560 Ultrasonic Pulsed Echo Imaging System (IYO)

21 CFR 892.1570 Diagnostic Ultrasound Transducer (ITX)

21 CFR 892.2050 Picture Archiving and Communications System(LLZ)

3. Device Description:

DC-70/DC-70T /DC-70 PRO/DC-70 EXP is a software controlled, ultrasonic diagnostic system. Its function is to acquire and display ultrasound data in B-Mode, M-Mode, PW-Mode, CW-Mode, Color-Mode , Power/Dirpower Mode, THI or the combined mode (i.e. B/M-Mode, B/PW-mode, B/PW/Color).

This system is a Track 3 device that employs an array of probes that include linear array and convex array with a frequency range of approximately 3.0 MHz to 10.0 MHz.

4. Intended Use:

DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in fetal, abdominal, pediatric, small organ(breast, thyroid, testes), neonatal and adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal(conventional, superficial), adult and pediatric cardiac, peripheral vessel and urology exams.

5. Comparison with Predicate Devices:

DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System is comparable with and substantially equivalent to these predicate devices:

Predicate Device	Manufacturer	Model	510(k) Control Number
1	Mindray	DC-8	K132341
2	Mindray	DC-N2	K132779

DC-70/DC-70T /DC-70 PRO/DC-70 EXP has the same technological characteristics, is comparable in key safety and effectiveness features, and has the same intended uses and basic operating modes as the predicate devices. All systems transmit ultrasonic energy into patients and perform post processing of received echoes to generate onscreen display of anatomic structures and fluid flow within the body. All systems allow for specialized measurements of structures and flow, and calculations.

- Subject device DC-70/DC-70T /DC-70 PRO/DC-70 EXP has the same intended uses as the predicated device DC-8(K132341)

Subject Device	Predicate device
DC-70/DC-70T /DC-70 PRO/DC-70 EXP	DC-8(K132341)

The DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in fetal, abdominal, pediatric, small organ(breast, thyroid, testes), neonatal and adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal (conventional, superficial), adult and pediatric cardiac, peripheral vessel and urology exams.

The DC-8/DC-8 PRO/DC-8 CV/DC-8 EXP diagnostic ultrasound system is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in fetal, abdominal, pediatric, small organ (breast, thyroid, testes), neonatal cephalic, adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal (conventional, superficial), cardiac adult, cardiac pediatric, peripheral vessel, urology exams.

- All of the patient contact material of the DC-70/DC-70T /DC-70 PRO/DC-70 EXP are the same as that of the predicated device DC-8(K132341).
- The acoustic power levels of DC-70/DC-70T /DC-70 PRO/DC-70 EXP are below the limits of FDA, which is the same as the predicated device DC-8(K132341).
- DC-70/DC-70T /DC-70 PRO/DC-70 EXP is designed in compliance with the FDA recognized electrical and physical safety standard, which is the same as the predicated device DC-8(K132341).
- DC-70/DC-70T /DC-70 PRO/DC-70 EXP has the same imaging modes as the predicated device DC-8(K132341): B, M, Color Doppler, PWD, CWD, Amplitude Doppler, Anatomical M Mode and combined mode).
- DC-70/DC-70T /DC-70 PRO/DC-70 EXP has some special functions. All of them are identical as the predicated device DC-8(K132341) and DC-N2(K132779).
- DC-70/DC-70T /DC-70 PRO/DC-70 EXP has the same capacity in term of making comments and body marks on the images, reporting patient exam results as the predicated device DC-8(K132341).
- DC-70/DC-70T /DC-70 PRO/DC-70 EXP has similar probes as the predicated device DC-8(K132341):

Subject device DC-70/DC-70T /DC-70 PRO/DC-70 EXP	Predicated device DC-8(K132341)	NOTE
C5-2E	C5-2E	Same
C7-3E	C7-3E	Same
C11-3E	C11-3E	Same
P4-2E	P4-2E	Same
P7-3E	P7-3E	Same
V11-3E	V11-3E	Same
V11-3BE	V11-3BE	Same
V11-3WE	V11-3WE	Same
L12-3E	L12-3E	Same
L14-6NE	L14-6NE	Same
L14-6WE	L14-6WE	Same
D6-2E	D6-2E	Same
DE10-3E	DE10-3E	Same
CW5s	CW5s/CW2s	Same

- DC-70/DC-70T /DC-70 PRO/DC-70 EXP has the same measurement and calculation functions as the predicated device DC-8(K132341).

6. Non-clinical Tests:

DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical and mechanical safety, and has been designed to conform with applicable medical safety standards. This device has been tested and evaluated under the following standards:

- UD 2 Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment.
- AAMI / ANSI ES60601-1 Medical electrical equipment - Part 1: General requirements for basic safety and essential performance.
- IEC 60601-1-2 Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral standard: Electromagnetic

compatibility - Requirements and tests (Edition 3)

- IEC 60601-2-37 Medical electrical equipment - Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment
- ISO14971 Medical devices - Application of risk management to medical devices
- ISO 10993-1 Biological evaluation of medical devices -- Part 1: Evaluation and testing within a risk management process
- IEC 62366 Medical devices - Application of usability engineering to medical devices
- IEC 62304 Medical device software - Software life cycle processes

These non-clinical tests relied on in this premarket notification submission can support the determination of substantial equivalence of the subject device.

7. Clinical Studies

Not applicable. The subject of this submission, DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System, does not require clinical studies to support substantial equivalence.

Conclusion:

Intended uses and other key features are consistent with traditional clinical practices, FDA guidelines and established methods of patient examination. The design, development and quality process of the manufacturer confirms with 21 CFR 820, ISO 9001 and ISO 13485 quality systems. The device conforms to applicable medical device safety standards. Therefore, the DC-70/DC-70T /DC-70 PRO/DC-70 EXP Diagnostic Ultrasound System is substantially equivalent with respect to safety and effectiveness to devices currently cleared for market.